

STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC SAFETY
OFFICE OF THE STATE BUILDING INSPECTOR
1111 COUNTRY CLUB ROAD
MIDDLETOWN, CT 06457
TELEPHONE: (860) 685-8310
FAX: (860) 685-8365

FILE # _____

**REQUEST FOR MODIFICATION
OF THE STATE BUILDING CODE**

FOR OFFICE USE ONLY

1. Name and Location of Building _____

No.	Street	Town	State	Zip
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2. Building Owner _____

3. Applicant's Name _____ Telephone _____

Applicant's Address _____
(Include Firm Name if Applicable) No. Street Town State Zip

Name of Person to Contact _____ Telephone _____
(For information if required)

4. A. Date of Application for Building Permit _____

B. Applicable Code (Title and Date) _____

5. Use Group _____

A. Was there a change of occupancy: ☐ Yes ☐ No

B. If yes from _____ to _____

6. Building Construction Classification _____

7. Square Foot Area of Building (Total) _____

Largest Square Foot Area per Floor _____

8. Number of Stories _____

9. Check Applicable Designation:

☐ New Building ☐ Existing ☐ Addition ☐ Other (Explain)

10. Fire Protection at subject premises (Check appropriate headings)

<input type="checkbox"/> Smoke Detection	<input type="checkbox"/> Heat Detection	<input type="checkbox"/> Extinguishers
<input type="checkbox"/> Sprinklers	<input type="checkbox"/> Standpipes	<input type="checkbox"/> Other (identify) _____

11. Describe alarm system(s) at premises _____

12. Building Code Section that modification is requested from _____

13. Modification Sought _____

14. Reason Modification Sought _____

15. Applicant's Signature _____ Date Signed _____

16. **Important Requirement** Failure to provide the following information will delay modification process. The Building Official must comment below on the modification request as per Connecticut General Statute 29-254 (b). ***Note: Must be signed by Chief Building Official, Acting Building Official or Provisional Building Official.**

- ☐ Support Request
- ☐ Do Not Support Request
- ☐ The decision on this request is left to the Office of the State Building Inspector.
- ☐ Please contact the undersigned.

Building Official's written comments, if desired. _____

Building Official (Printed) Town

*Building Official Signature Date Signed

Building Official's Telephone Number

Best Time to Contact